



Atty. Dkt. No. 023971-0383

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Yuki NAKAJIMA et al.

Title: DRIVE UNIT FOR ELECTRIC VEHICLE

Appl. No.: 10/785,197

Filing Date: 02/25/2004

Examiner: Mohammad M. ALI

Art Unit: 3744

Confirmation Number:
3372

AMENDMENT TRANSMITTAL

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

[X] The fee required for additional claims is calculated below:

	Claims		Extra		Additional	Claims Fee
	As Amended	Previously Paid For	Claims Present	Rate		
Total Claims:	18	-	20	=	0	\$50.00 = \$0.00
Independent Claims:	2	-	3	=	0	\$200.00 = \$0.00
First presentation of any Multiple Dependent Claims:			+ \$360.00	=		\$0.00
			CLAIMS FEE TOTAL	=		\$0.00

[X] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input type="checkbox"/> Extension for response filed within the first month:	\$120.00	\$0.00
<input type="checkbox"/> Extension for response filed within the second month:	\$450.00	\$0.00
[X] Extension for response filed within the third month:	\$1,020.00	<u>\$1,020.00</u>
<input type="checkbox"/> Extension for response filed within the fourth month:	\$1,590.00	\$0.00
<input type="checkbox"/> Extension for response filed within the fifth month:	\$2,160.00	\$0.00
	EXTENSION FEE TOTAL:	<u>\$1,020.00</u>
<input type="checkbox"/> Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$130.00	\$0.00
	CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:	<u>\$1,020.00</u>
<input type="checkbox"/> Small Entity Fees Apply (subtract ½ of above):		\$0.00
	Extension Fees Previously Paid:	<u>\$0.00</u>
		TOTAL FEE: <u>\$1,020.00</u>

A credit card payment form in the amount of \$1,020.00 is enclosed. The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by the credit card payment form being unsigned, providing incorrect information resulting in a rejected credit card transaction, or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date July 25, 2007

By Jessica M. Cahill

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